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Consumer Credit  
International Monetary Policy and Trade

CONGRESSIONAL CASEWORK AUTHORIZATION FORM

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_ Phone (C) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby request assistance in the following federal matter:**

- |   |                          |
|---|--------------------------|
| <input type="checkbox"/> Social Security/Medicare     | Social Security #: _____ |
| <input type="checkbox"/> Veterans Administration      | C#, CSS#, LHG#: _____    |
| <input type="checkbox"/> Military                     | Branch/Service#: _____   |
| <input type="checkbox"/> Immigration & Naturalization | Alien#: _____            |
| <input type="checkbox"/> Other Federal Agency         | _____                    |

Please summarize in a few sentences exactly what you want us to do for you. Please be specific. Use **additional paper if necessary**.

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Please sign below to permit information from your file to be given to any agency deemed necessary. The Privacy Act of 1974 (PL 93-579) requires that you authorize access to your private records. **Without your authorization, an inquiry on your behalf will not be possible.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_